RI SOS Filing Number: 202335378290 Date: 5/8/2023 11:40:00 AM

Annual Report for the year: 2022  Limited Liability Company  Filing period: February 1 - May 1  Filing Period: February 1 - May 1  Filing Fee: \$50.00  Penalty: Additional \$25.00 fee if form is not filed by May 31.  1. Entity ID Number  OO0620568  Mars fan Appraisal, IC  3. NAICS Code  4. Brief description of the character of business conducted in Rhode Island  Filing Fee: \$50.00  Penalty: Additional \$25.00 fee if form is not filed by May 31.  1. Entity ID Number  OO0620568  Appraisal, IC  State of Formation:  RI  6. Principal Office Address  Lys Hope St. #7  Contact Trile  Contact Trile  Contact Trile  Contact Trile  Street Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Trile  Contact Trile  Contact Trile  State RI  Zip OJ 80 9  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and	State of Rhode Island  Department of State - Business Service		R.I. D <del>EPT</del> BUS S	EIVED OF STATE VOS DIV	
OOO620568  Mars fan Appraisal, IC  3. NAICS Code  4. Brief description of the character of business conducted in Rhode Island  S31110  5. State of Formation.  RI  6. Principal Office Address  4. Brief description of the character of business conducted in Rhode Island  RI  6. Principal Office Address  4. Brief description of the character of business conducted in Rhode Island  RI  6. Principal Office Address  4. Brief description of the character of business conducted in Rhode Island  RI  6. Principal Office Address  City  Bristol  Contact Person  Contact Name  Tin Mars fun.  Contact Title  Owher  Street Address  4. Brief description of the character of business conducted in Rhode Island  City  Bristol  State  Zip  OJ809  8. The Resident Agent Information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and	Limited Liability Company  → Filing period: February 1 - May 1  → Filing Fee: \$50.00		2023 MAR 27	7 PM 2: 33	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Tin Marston  Contact Title  Contact Title  Owne  Street Address  495 Hope St. #  City Bristel  State RI  Zip OJ Y09  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and	OCO620568 Marstan Appraisal, IIC  3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island				
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Name of Authorized Person Date / 1	8. The Resident Agent information currently of record with the F Under penalty of perjury, I declare and affirm that I have ex statements, and that all statements contained herein are tr	RI Department of State is accurate training any	accompanying :	ling Form 642.	

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Signature of Authorized Person

FILED 11.40
MAY \$ 2023
BYRET RZD